

PART B - FEE(S) TRANSMITTAL

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24201 7590 03/25/2010

FULWIDER PATTON LLP
HOWARD HUGHES CENTER
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| | (Depositor's name) |
| | (Signature) |
| | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/661,406 | 09/12/2003 | Patrick P. Wu | ENDOS 64190 | 6647 |

TITLE OF INVENTION: DELIVERY SYSTEM FOR MEDICAL DEVICES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$0 | \$1510 | \$1510 | 06/25/2010 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | 1,440.00 | 70- |

HOUSTON, ELIZABETH 3731 623-001110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Fulwider Patton LLP
2 Jonathan Feuchtwang
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ABBOTT VASCULAR SOLUTIONS INC. SANTA CLARA, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2425 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Thomas H. Majcher/

Date 07/14/10

Typed or printed name Thomas H. Majcher

Registration No. 31,119

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